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CENTRAL FAX CENTERHUNTON &  
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FAX

TO NAME T.C. 1732/Examiner P. Butler  
FIRM U.S. Patent and Trademark Office  
FAX NO.: 571 273 8300  
PHONE NO.: 571 272 8517

PAGES (INCLUDING COVER): 31  
ORIGINAL TO FOLLOW IN MAIL: ☐ Yes ☒ No

FROM NAME: Nancy J. Flint  
DIRECT DIAL: 305 810 2522

MESSAGE In re Application Of: Peisach et. al. Examiner: P. Butler  
Application No.: 10/625,605 Art Unit: 1732  
Filed: July 24, 2003 Docket No.: 60783.000005  
Title: Container For Hot Fill Food Packaging Applications

In accordance with 37 CFR 1.8, I hereby certify that the attached correspondence entitled:

1. Amendment and Response to Office Action dated July 25, 2006
2. Fee Transmittal Plus Duplicate

is being facsimile transmitted to the U.S. Patent and Trademark Office on Jan. 23, 2007.

Signature: Nancy J. Flint  
Typed or Printed Name of Person Signing Certificate: Nancy J. Flint/ Reg. No. 46,704

IF PROBLEM WITH TRANSMISSION, PLEASE CONTACT OPERATOR AT 305 • 810 • 2500.

DATE: January 23, 2007  
CLIENT/MATTER NAME AND NO.: 60783.000005

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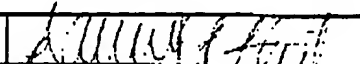
01-23-07 17:22 From:Hunton and Williams

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T-165 P.002 F-199

**JAN 23 2007**

PTO/SB/17 (01-06) (modified)

<b>FEE TRANSMITTAL</b> For FY 2006  <b>MAIL STOP AMENDMENT</b>				<i>Complete If Known</i>																											
				Application No.		10/625,605																									
				Filing Date		July 24, 2003																									
				First Named Inventor		Peisach																									
				Examiner Name		P. Butler																									
				Art Unit		1732																									
				Attorney Docket No.		60783.000005																									
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																															
Total Amount Of Payment				(\$)		510.00																									
<b>METHOD OF PAYMENT (check all that apply)</b>																															
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (Identify): _____																															
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number <b>50-0206</b> Deposit Account Name : <b>Hunton &amp; Williams LLP</b> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																															
<input checked="" type="checkbox"/> Charge fee(s) indicated below. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																															
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments.																															
<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>																															
<b>1. BASIC FILING, SEARCH AND EXAMINATION FEES</b>																															
<table border="0" style="width:100%;"> <tr> <th></th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th></th> </tr> <tr> <th></th> <th>Small Entity</th> <th>Small Entity</th> <th>Small Entity</th> <th>Small Entity</th> <th>Small Entity</th> <th>Small Entity</th> <th></th> </tr> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </table>									FILING FEES		SEARCH FEES		EXAMINATION FEES				Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity		Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
	FILING FEES		SEARCH FEES		EXAMINATION FEES																										
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity																									
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)																								
Utility	300.00	150.00	500.00	250.00	200.00	100.00																									
Design	200.00	100.00	100.00	50.00	130.00	65.00																									
Plant	200.00	100.00	300.00	150.00	160.00	80.00																									
Reissue	300.00	150.00	500.00	250.00	600.00	300.00																									
Provisional	200.00	100.00	0.00	0.00	0.00	0.00																									
<b>2. EXCESS CLAIMS FEES</b>																															
	For	Number Present	Highest Number Paid For	Extra	Fees (\$)	Small Entity Fee (\$)	Fees Paid (\$)																								
Total Claims			20	0 x	50.00	25.00																									
Independent Claims			3	0 x	200.00	100.00																									
Multiple Dependent Claim					360.00	180.00																									
Total Excess Claims Fees																															
<b>3. APPLICATION SIZE FEE</b> (if the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).)																															
	Total Sheets	Extra Sheets	No. of Each Additional 50 or Fraction Thereof	Fees (\$)	Small Entity Fee (\$)	Fees Paid (\$)																									
	- 100 =	/ 50 =	(round up to a whole number) x	250.00	125.00																										
<b>4. OTHER FEE(S)</b>																															
<input type="checkbox"/> Non-English Specification (no small entity discount) <input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)																															
<input type="checkbox"/> Surcharge - late filing fee or oath <input type="checkbox"/> Design Issue Fee																															
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet <input type="checkbox"/> Plant Issue Fee																															
<input checked="" type="checkbox"/> <del>Three</del> Month Extension of Time    510.00 <input type="checkbox"/> Petition to Commissioner																															
<input type="checkbox"/> Submission of Information Disclosure Statement <input type="checkbox"/> Petition to Revive (Unavoidable)																															
<input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Petition to Revive (Unintentional)																															
<input type="checkbox"/> Request for Oral Hearing <input type="checkbox"/> Petitions Related to Provisional Applications																															
<input type="checkbox"/> Filing Brief in Support of Appeal <input type="checkbox"/> Recording Each Patent Assignment Per Property																															
<input type="checkbox"/> Filing Submission After Final Rejection <input type="checkbox"/> Other (specify) _____																															
<b>SUBMITTED BY</b>																															
Signature				Registration No.	46,704	Telephone	(305) 810-2522																								
Typed or Printed Name		Nancy J. Flint		Date	January 23, 2007																										

**RECEIVED  
CENTRAL FAX CENTER****JAN 23 2007****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application Number : 10/625,605 Confirmation No.: 7920  
Applicant : Peisach et. al.  
Filed : July 24, 2003  
Title : Container for Hot Fill Food Packaging Applications  
TC/Art Unit : 1732  
Examiner: : Patrick Butler  
Docket No. : 60783.000005  
Customer No. : 21967

**MAIL STOP AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE PURSUANT TO 37 C.F.R. § 1.111(a)**

Sir:

Applicants hereby submit this Amendment and Response ("Amendment") responsive to the Office Action dated July 25, 2006 ("Office Action") and request that the application be reconsidered in light of the remarks made herein.

Amendments to the Claims begin on **page 2** of this Amendment.

Remarks begin on **page 6** of this Amendment.

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